

AN INFECTION PREVENTION AND CONTROL ACTION PLAN

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We have been doing a better and better job of infection prevention and control for the past 50 years, and that's important, but it's not enough. We are not getting where we need to go.

—Participant

Maybe it's because they're still considered as "the cost of doing business," or maybe it's because they slip into the statistics one by one, not in a terrifying epidemic sweep. Whatever the reason, the injuries and deaths caused by healthcare-associated infections do not have the shock value of many lesser problems or more remote catastrophes.

But amassed, the statistics on infections in Canadian healthcare are catastrophic. Howard Njoo, director general of the Public Health Agency of Canada's Centre for Communicable Diseases and Infection Control told the meeting that an estimated one in nine Canadian patients develops a healthcare-associated infection during his or her hospital stay — a total of 220,000 patients per year. "Regrettably, an estimated 8,000 Canadians will lose their lives from these infections every year," Dr. Njoo said.

If they were due to airplane crashes, or epidemic disease, 8,000 deaths would galvanize the country. Instead, even the cost of infections — more than \$100 million annually in healthcare spending to treat *C. difficile*, MRSA and surgical site infections alone,² plus tremendous emotional and financial tolls on patients, families and healthcare organizations — barely stirs a response.

That has to change, and the close to 40 healthcare experts and stakeholders³ gathered in Toronto in November 2014 for the national Infection Prevention and Control (IPAC) Summit agreed now is the time. The IPAC Summit, co-hosted by the Canadian Patient Safety Institute (CPSI) and the Public Health Agency of Canada (PHAC) was one of a series of meetings undertaken by CPSI as part of its 2013-2018 business plan to accelerate action on patient safety in Canada; the other meetings were on surgical safety, home care

safety, and medication safety.

In preparation for the meeting, participants were surveyed on their organization's concerns and priorities for infection prevention and control. They were also asked what would be most important to include in national infection prevention and control action plan. Themes that emerged from their survey answers were the original options for discussion at the meeting.

But guest speaker Michael Gardam, the infection prevention and control lead of Safer Healthcare Now!, changed that, by challenging participants to "blow up" their traditional attitudes.

"We have been doing the same kinds of things over and over for quite a long time and that's gotten us to where we are," Dr. Gardam said, describing a system struggling with epidemics of healthcare-associated infections, where antibiotic-resistant bugs are on the rise and rates of hand hygiene by providers continue to be low. At the same time, he said, efforts to improve are "caught in the rigidity trap of 'this is how we've always done things.... This group needs to say 'we have got to stop'".

Participants took his words to heart; when they were asked to discuss the proposed themes for the action plan, several said they were important, but too familiar to trigger change. "We need to be more disruptive, more controversial," someone said, because, he added, "... what we have been doing either isn't working or isn't working fast enough." Picking up on that idea, another said "We just can't get our heads around churning these [pre-summit themes] out again ... they should be part of it, but we want new targets."

¹ Zoutman, D. E., Ford, B. D., Bryce, E., Gourdeau, M. et al. (2003). The state of infection surveillance and control in Canadian acute care hospitals. *American Journal of Infection Control*, 31(5), 266–273.

² Njoo, H. (2014) Infection Prevention and Control Summit, Opening Remarks.

³ The Government of Quebec did not participate at the Infection Prevention and Control Summit. It is solely responsible for the planning, organization, management and evaluation of patient safety within Quebec

Five themes emerged from the pre-summit survey (Measurement and surveillance, developing and sharing evidence based practice standards, applying knowledge and implementing standards, resources and leadership), in the end, three of the original themes were kept through the voting process:

- Measurement and surveillance
- Applying knowledge and implementing standards
- Developing and sharing evidence based practice standards

Two more, Culture and behavior change and Partnering with patients and families were added and won overwhelming support from participants.

With the themes chosen, participants moved into a “world café,” a meeting format designed to stimulate creative thinking in large groups. Each theme in the discussion had a table and a facilitator; at the IPAC meeting, participants rotated among five café tables for 20 minutes at a time, discussing two themes each. Here’s some of what they had to say:

Culture and behaviour change

“How do you incorporate behavioural change? Because what we’re doing now isn’t working,” one participant said. Others replied there’s a body of knowledge about changing behaviour in other industries, which needs to be studied and applied in healthcare. The aviation industry came up many times, because it has the “culture of safety” healthcare lacks; airlines would never shrug off defects the way healthcare does.

Aviation is also a service industry, and there were several calls for healthcare to realize that it is, too, and safe care is a customer service that must be everybody’s responsibility. Ideas for changing behaviour included appealing to healthcare workers’ emotions, getting CEOs committed to promoting safety, and “making the invisible visible” for frontline staff — so they grasp how many people are dying from infections, and all the money that’s being wasted. “You have to show them how to see it.”

Partnering with patients and families

“At what point do we as patients say, this is just not acceptable care?” one participant asked. People at the table seemed to agree that patients and families must be closely involved in all efforts to control and prevent infection — but not to the point of making them feel responsible when, for example, providers don’t wash their hands. “It’s not [patients’] responsibility to receive good care, it’s our responsibility to give safe care,” one speaker cautioned.

There was a call for a national campaign, to educate patients and their families about infection hazards, and a suggestion that highlighting “shining stars” — units or organizations that do a good job battling infections — would inspire and inform others.

Measurement and surveillance

Canada needs a common national set of definitions for healthcare-associated infections, participants at the measurement and surveillance table agreed. Only then will we be able to create a useful national data repository on infections. How we use what goes into that pan-Canadian data base (and data from other sources, such as the Canadian Institute for Health Information) is equally important, participants agreed. It could inform patients and providers on the impact of infections, be used to help change professional practice, and to ensure accountability.

Applying knowledge and implementing standards

“We need to change this from a technical discussion and create interest in doing something,” said one participant, who said healthcare providers need to have their emotions touched, to get the message about infection prevention in their hearts as well as their heads. Stories, such as those told in CPSI’s patient videos, are the way to do that, it was agreed. “It’s a different level of teaching and engagement.” There’s a need to draw on many sources, including behavioural science, social marketing, technology and interactive learning strategies. Perhaps CPSI could create a Getting Started Kit as one participant said,

“we’re looking for the idea of the how — we know the needs.”

Sharing and developing standards, best practices and policies

Early in the discussion, one participant warned against getting too carried away with the desire for new approaches. “We do need to do things differently, but what we’re doing had better be evidence-based, not just different,” he said.

People were wary of the idea of developing standards and best practices; there was a general feeling that there’s no shortage of either, just a failure to apply them. However, they did want to see common core principles, provincial support, and a mechanism to drive compliance with minimum standards. There was a sense existing standards should be harmonized. One participant said there is a need for “national coherence — all groups should be saying the same thing.” The answer, it was suggested, is more collaboration.

The action plan:

The process for developing action plans from the summit meetings is to bring the actions developed in the world café back to the full group and do a quick debrief on each theme. Participants have five votes each to spread among the actions they want to see proceed. Those that generate the least interest are dropped, those with the most support become the core of the action plan. CPSI drafts the plan, outlining short-, medium- and long-term actions for achieving improvement in each theme. The plan includes timelines, leads, co-leads, and partners who agreed to collaborate on each action. It has been circulated to all participants for comment.

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THEME – CULTURE AND BEHAVIOUR CHANGE / PATIENT AND FAMILY ENGAGEMENT

Goal	Action
Improve infection prevention and control through a national campaign for public, patients and providers, focusing on raising awareness and promoting behaviour change.	Conduct an environmental scan of infection prevention and control and behavior change campaigns.
	Use the lessons from the environmental scan to create a national infection prevention and control campaign.
	Launch the national awareness and change campaign.

THEME – CULTURE AND BEHAVIOUR CHANGE / APPLYING KNOWLEDGE

Goal	Action
Improve infection prevention and control through the use of strategies known to improve behaviour and culture.	Run an infection prevention and control innovation competition to drive frontline improvement in infection control.
	Create an inventory of behavioural change strategies that have potential to build patient safety culture and advance infection prevention and control; include approaches that capture creative and emotional responses.
	Create a Getting Started Kit on how to effect behavioural change, based on behavioural science and including practical strategies and methods for local infection prevention and control.
	Develop and launch programs for preventing and controlling infections and improving patient-safety culture, based on behavioural change strategies and aimed at leaders, providers and patients.

Goal	Action
Adopt a pan-Canadian set of case definitions for healthcare-associated infections.	<p>Create a pan-Canadian set of case definitions for surveillance of healthcare-associated infections. Consider the inclusion of indicators for the monitoring of Antimicrobial Resistance and Antimicrobial utilization.</p> <p>Work with the F/P/T ministries of health and infection control bodies to adopt and implement the pan-Canadian set of case definitions for healthcare-associated infections.</p>
Establish a national body to collect, analyze and report healthcare-associated infection data.	<p>Work with the F/P/T ministries of health to develop a business case for the establishment of national body for data collection, analysis and reporting. The inclusion of the long-term care and community sectors should be considered in the business case.</p> <p>Garner support and endorsement to implement recommendations from the business case.</p>

INFECTION PREVENTION AND CONTROL SUMMIT PARTICIPANTS

- Accreditation Canada
- Association des infirmières en prévention des infections
- Association of Medical Microbiology and Infectious Disease Canada
- Atlantic Health Quality and Patient Safety Collaborative
- Canadian Agency for Drugs and Technology in Health
- Canadian College of Health Leaders
- Canadian Dental Association
- Canadian Home Care Association
- Canadian Society of Hospital Pharmacists
- Canadian Institute for Health Information
- Canadian Institutes of Health Research
- Canadian Medical Protective Association
- Canadian Nurses Association
- Canadian Patient Safety Institute
- Canadian Pediatric Society
- Canadian Society for Medical Laboratory Science
- College of Family Physicians of Canada
- Health Canada
- Health Insurance Reciprocal of Canada
- Health Quality Council of Alberta
- Infection Prevention and Control Canada
- Institut national de santé publique du Québec
- Manitoba Institute for Patient Safety
- Ministry, Newfoundland Health and Community Services
- Ministry, Saskatchewan Health
- Ministry, Alberta Health
- Ministry, Manitoba Health, Healthy Living and Seniors
- Ministry, PEI Health and Wellness
- Ministry, Yukon Health and Social Services
- Office of the PHO – Ministry, British Columbia Health
- Patients for Patient Safety Canada
- Public Health Agency of Canada
- Public Health Ontario
- Royal College of Physicians and Surgeons
- *Safer Healthcare Now!*

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